2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# P94000001830

Entity Name: RENAISSANCE CLINIQUE, P.A.

Current Principal Place of Business:

2325 ULMERTON ROAD
SUITE 27
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

2325 ULMERTON ROAD
SUITE 27
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-3215814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DREHSEN, RAPHAEL
2643 MIRIAM STREET SOUTH
GULFPORT, FL 33711 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DREHSEN, CHRISTIAN
Address: 2325 ULMERTON ROAD
City-St-Zip: CLEARWATER, FL 33762 US

Title: VPS ( ) Delete
Name: DREHSEN, RAPHAEL
Address: 2325 ULMERTON ROAD
City-St-Zip: CLEARWATER, FL 33762 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAPHAEL DREHSEN VPS 02/02/2006

Electronic Signature of Signing Officer or Director Date